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DATE:

December 4, 2008

PTO IDENTIFIER:

Application Number 10/757,700-Conf. #4491

Patent Number

inventor:

Sang-Cheol MIN

MESSAGE TO:

US Patent and Trademark Office

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(571) 273-8300

FROM:

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0630-1926P

PAGES (Including Cover Sheet):

12

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Foos pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				Application Number 10/757,700-			Conf. #4491	
FEE TRANSMITTAL			Filing Date		January 15, 2004			
For FY 2009				First Named Inventor		Sang-Cheol MIN		
				Examiner Name J		J. M. Heffington		
Applicant claims small entity status. See 37 CFR 1,27				Art Unit		2179		
YOTAL AMOUNT OF PAYMENT (\$) 810.00				Altorney Dockel No. 0630-1926		0630-1926P		
METHOD OF PAYME	NT (check all	that apply)						VIII.
Check Crafit Card Money Order None Other (planar identify):								
x Deposit Account Deposit Account Number. 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP								
For the above-ide	ntified deposit	account, the Dire	ector is	hereby authorize	ed to: (che	ck all that apoly	}	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filling fee								
Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 X Credit any overpayments								
FEE CALCULATION	57 0114 1.16	and 1.77						
1. BASIC FILING, SEARC	H, AND EXA	MINATION FEES						
		IG FEES		RCH FEES	EXAMI	NATION FEES	.	
Application Type	Fee (\$)	Small Entity		Small Entity		Small Entity		
Utility	330	Fee (\$) [*0e (\$) 540	Fee (\$)	FBB (\$)		Fees P	<u>eid (\$)</u>
Design	220	110	100	270	220	110		
Plant	220	110	330	50	140	70		
Reissue	330	165		165	170	85		
Provisional	220	110	540 0	270	650	325		
2. EXCESS CLAIM FEES	420	110	U	0	O,	0		
Fee Description							Fee (5)	mali Entity Fee (\$)
Each claim over 20 (inclus				52	26			
Each independent claim ov				220	110			
Multiple dependent claims							390	195
Total Claims			Fee	Paid (\$)	M	luitiple Dependent Claims		
HP = highest number of total claims paid for, if greater thun 20.							ee Pald (\$)	I
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HP = highest number of indepen	dent claims paid	for, if greater than 3.				•		1
3. APPLICATION SIZE FEE	E							
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THE MANUEL STORY	1 .J&(C) . U)# 2	DDJICSTION NIZA 14	1 - A i	0 477N 1417E 4.	ı umali en	tity) for each ad	ditional 50	•
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4. OTHER FEE(S)			(n	ound up to a whole	number) x	· —— •		
Non-English Specification, \$130 fee (no small entity discount)								
Other (e.g., late filing surcharge): 1801 Request for continued examination (RCE) (see 37 810.00								
UBMITTED BY								
ignature	the	lus	Re	gistration No. Iamey/Apent)	40,953	Telephone	(703) 205-8	3000
Name (Print/Type) Esther H.	Chong	7		j.:	· · · · · · · · · · · · · · · · · · ·		ecember 4	
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